The F Word: How "Fit" Threatens the Validity of Resident Recruitment

Eric Shappell, MD, MHPE Benjamin Schnapp, MD, MEd

espite being reported as one of the most important factors in the residency recruitment process by program directors and applicants, "fit" is rarely deconstructed or explained. To the contrary, fit is often used in lieu of supporting evidence to convey gestalt impressions. Here, we describe common ways fit is interpreted and assessed, discuss 2 risks of using the term fit in recruitment, and conclude with strategies to mitigate these risks.

Definition and Assessment

Fit can be used to describe a variety of characteristics for applicants and programs and on its surface may appear a benign and helpful construct. For example, fit can refer to applicants with a similar background as the program's current trainees and faculty. A research-oriented program may seek to recruit applicants with advanced degrees and multiple publications to match its faculty with similar pedigrees. Another program may select for applicants with close ties to the community, demonstrated advocacy experience, or training in public health. Preferentially ranking applicants with these markers of fit may help a program continue work in areas that it values and differentiate itself for purposes of branding and recruitment.

Fit also can be used to characterize traits like personality, demeanor, and style of communication. For example, one program may have a highly formal culture and express interest in those most comfortable with the use of professional titles to address others; another program may select for those most comfortable with a casual environment where everyone is addressed by their first name. Personality preferences can be deeply ingrained in institutional or departmental culture, sometimes to the extent that faculty don't realize that they are selecting for them.

In the above scenarios, "fit" essentially translates to "similarity." In some cases, the pursuit of applicants with similar characteristics may be a conscious effort that is reasonable and appropriate (eg, programs with a strong global health mission benefit from continuing

to recruit applicants with global health experience). The diversity and individuality of residency programs are undoubtedly strengths of the current environment that should be preserved. Care must be taken, however, to ensure that fit is not used to ascribe value to similarities that could result in discrimination (eg, race, gender, socioeconomic status, and religious or political beliefs) by way of our unconscious biases. Furthermore, we must recognize that recruiting applicants with a high degree of fit may come at the expense of our ability to recruit diverse applicants, which are by definition *not* similar in at least some way.

Risk No. 1: Fit as a Proxy for Unconscious Bias

Unconscious bias can be an insidious confounder in recruitment. Unlike overt biases, these are biases of which we are not aware but by which we may still be influenced. Experimental models such as the Implicit Association Test reveal that we all hold unconscious biases.² Since we may be primed to favor applicants similar to us (thus effectively disadvantaging groups that differ by race, gender, sexual orientation, or other characteristics), casual assessments of fit are a threat to the validity of the recruitment process. Absent careful consideration and evidence to support an assessment of fit, this term may have the pernicious effect of providing an innocuous label for unconscious biases masquerading as interviewer gestalt.

Risk No. 2: Fit as a Threat to Diversity

In addition to the risk of unconscious bias, indiscriminate use of the term fit can threaten the diversity of applicants recruited to the program. Pursuit of applicants based on fit has been described in the business literature as a "misguided hiring strategy" leading to cultural homogeneity.³ With this homogeneity comes missed opportunities to add valuable new perspectives. A program's ability to grow and develop is bolstered by the productive friction created by a steady influx of new ideas and initiatives. This influx is threatened by overemphasis on applicant fit.

Practical Applications

Use of ambiguous language such as fit poses clear threats to the validity and fairness of our recruitment processes. Given the obvious consequences of recruitment decisions, we should carefully consider the validity of our assessments of fit. With this in mind, there are several steps we can take to limit the negative effects on recruitment from terms like fit (BOX).

All who are involved in resident recruitment are familiar with the ubiquitous term fit. While the intuitive nature of this term is appealing and it is used with the best intentions, the threat of masking unconscious bias and restricting diversity is clear. We must not let convenience overshadow our duty to be equitable; as we continue to recruit the next generation of physicians, all of us share responsibility to ensure that the terms we use—including fit—have clear and shared meanings that do not prejudice us against otherwise promising applicants. Through the establishment of clear goals and the use of deliberate language, we can improve our ability to provide equitable opportunities for our applicants and promote bright futures for our training programs.

References

- Nuthalapaty FS, Jackson JR, Owen J. The influence of quality-of-life, academic, and workplace factors on residency program selection. *Acad Med*. 2004;79(5):417–425. doi:10.1097/00001888-200405000-00010.
- Greenwald AG, McGhee DE, Schwartz JL. Measuring individual differences in implicit cognition: the implicit association test. *J Pers Soc Psychol*. 1998;74(6):1464–1480. doi:10.1037//0022-3514.74.6. 1464.
- 3. McCord P. How to hire. *Harvard Business Review*. https://hbr.org/2018/01/how-to-hire. Accessed November 15, 2019.
- Shappell E, Shakeri N, Fant A, Branzetti J, Gisondi M, Babcock C, et al. Branding and recruitment: a primer for residency program leadership. *J Grad Med Educ*. 2018;10(3):249–252. doi:10.4300/JGME-D-17-00602.
 1.
- Rudman LA, Ashmore RD, Gary ML. "Unlearning" automatic biases: the malleability of implicit prejudice and stereotypes. *J Pers Soc Psychol*. 2001;81(5):856–868. doi:10.1037//0022-3514.81.5.856.
- 6. Project Implicit. https://implicit.harvard.edu/implicit. Accessed October 25, 2019.

- **BOX** How to Avoid Negative Effects on Recruitment From Terms like "Fit"
- 1. Establish a clear brand identity for your program to guide discussions regarding culture.⁴ Once a clear program identity is established, use it to clarify the domains valued by the program and create explicit recruitment goals. For example, if a program identifies as one that fosters self-starters, an explicit recruitment goal could be to preferentially rank applicants who have demonstrated the ability to create and develop new initiatives. If the nebulous term fit creeps into the discussion, reframe the conversation using the language of your program identity and explicit recruitment goals.
- 2. Take a holistic approach toward fit, diversity, and program culture. When an applicant who is otherwise qualified does not seem to fit with your program's existing culture, weigh this lack of fit against the benefits the applicant's diversity could bring to your program. For example, in a program with a culture of strong traditions, consider whether an applicant's track record of innovation provides a worthwhile opportunity for program growth. At a program where many residents hail from the same institutions or geographic regions, consider whether greater diversity in these areas could facilitate the personal and professional growth of trainees through building relationships with peers from different backgrounds.
- 3. Learn your biases. While we are not able to control our unconscious associations, we can attempt to attenuate their influence by gaining insight into our biases.⁵ Encourage all members of your recruitment team to take implicit association tests (freely available online via Project Implicit⁶) and reflect on their results.
- 4. Follow up on gestalt impressions. When the notion of fit is invoked without supporting evidence, encourage justification for the impression. If the team is correctly keying in on factors that would be an asset (or liability) to your program, supporting evidence should be apparent. If there is no supporting evidence, these impressions should be discounted. Even if they are shared, such impressions are at risk of representing unconscious bias.⁷
- Murata A, Nakamura T, Karwowski W. Influence of cognitive biases in distorting decision making and leading to critical unfavorable incidents. *Safety*. 2015;1(1):44–58.



Eric Shappell, MD, MHPE, is Assistant Professor, Department of Emergency Medicine, Massachusetts General Hospital, Harvard Medical School; and **Benjamin Schnapp, MD, MEd,** is Assistant Professor, Department of Emergency Medicine, University of Wisconsin-Madison.

Corresponding author: Eric Shappell, MD, MHPE, Massachusetts General Hospital, 5 Emerson Place, Suite 101, Boston, MA 02114, 617.724.4184, eshappell@mgh.harvard.edu